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| Fill in this information to ide | ntify your case: | |
|--|---------------------------|-------------------|
| Debtor 1 DEBRA First Name | Ann Middle Name | DRA PER Last Name |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name |
| United States Bankruptcy Court for | the: Northern District of | Illinois |
| Case number 2/- (If known) | 19029 | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

AUG 1 2 2021:

JEFFREY P. ALLSTEADT, CLERK
INTAKE 1

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|---|--------------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) | S |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$ <u>{\}</u> |
| 1b. Copy line 62, Total personal property, from Schedule A/B | . \$ |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ |
| Your total liabilities | \$ |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ |
| | |

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| | | . 1 | | |
|----------|------------|-------------|-----------|-----|
| Debtor 1 | DEBRA | + Mnn | | DER |
| | First Name | Middle Name | Lasi Name | , |

Case number (# known) 21-09029

| Part 4: Answer These Questions for Administrative and Statistical Records | |
|---|---|
| 6. Are you filing for bankruptcy under Chapters 7,11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form. Yes | orm to the court with your other schedules. |
| 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | ses. 28 U.S.C. § 159. |
| From the Statement of Your Current Monthly Income: Copy your total current monthly in- Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | come from Official \$ 3,245.00 |
| 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: | Total claim |
| 9a. Domestic support obligations (Copy line 6a.) | \$ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>***</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| 9d. Student loans. (Copy line 6f.) | |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ |
| 9g. Total. Add lines 9a through 9f. | \$ |

Case 21-09029 Doc 19 Filed 08/12/21 Entered 08/12/21 14:57:36 Page 3 of 36 Document ormation to identify your case and this filing: NORTHERN DISTRICT OF ILLINOIS abtor 2 AUG 1 2 2021 Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois JEFFREY P. ALLSTEADT, CLERK INTAKE 1 Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2, ☐ Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the ■ Manufactured or mobile home entire property? portion you own? ☐ Land ■ Investment property ☐ Timeshare Describe the nature of your ownership City ZIP Code interest (such as fee simple, tenancy by ☐ Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only ☐ Check If this Is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. ☐ Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land Investment property Describe the nature of your ownership Timeshare State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), If known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only ☐ Check if this is community property At least one of the debtors and another (see instructions)

property identification number:

Other information you wish to add about this item, such as local

| Debtor ' | Case 21-09 Jebean First Name Midd | 9029 Doc 19 Hnn Die Name Last Name | Document Page 4 of 36 Case number (# kr | 10WI)_21-09 | 029_ |
|-------------------------------|---|--|--|--|--|
| 1.3 | Street address, if availab | le, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? | claims on Schedule D: s Secured by Property. |
| - | City | State ZIP Code | ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fees the entireties, or a life | simple, tenancy by |
| | County | | Who has an interest In the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Check if this is co (see instructions) | mmunity property |
| | | | Other information you wish to add about this ite property Identification number: | em, such as local | |
| you | | | to the process of the contract | | AND THE RESERVE OF THE PARTY OF |
| Part 2 | ı own, lease, or have le | gal or equitable intere | st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts | | 3 |
| Part 2 Do you you ow 3. Car | own, lease, or have le n that someone else driv s, vans, trucks, tractor | gal or equitable intere res. If you lease a vehic | le, also report it on Schedule G: Executory Contracts | | |
| Part 2 Do you you ow 3. Car | own, lease, or have le in that someone else driv s, vans, trucks, tractor No Yes | gal or equitable intereves. If you lease a vehices, sport utility vehicles NISSAN ALTIMA 2016 | le, also report it on Schedule G: Executory Contracts | | nims or exemptions. Put d claims on <i>Schedule D;</i> ns Secured by Property. |
| Part 2 Do you you ow 3. Car | u own, lease, or have le in that someone else driv s, vans, trucks, tractor No Yes Make: Model: Year: | gal or equitable intereves. If you lease a vehices, sport utility vehicles NISSAN ALTIMA 2016 | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | nims or exemptions. Put d claims on <i>Schedule D;</i> ns Secured by Property. Current value of th |
| Part 2 Do you ow 3. Car 153. | n own, lease, or have lead that someone else drives, vans, trucks, tractor No Yes Make: Model: Year: Approximate mileage Other information: | gal or equitable intere yes. If you lease a vehic s, sport utility vehicles ALTIMA 2016 38,000 | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | nims or exemptions. Put d claims on <i>Schedule D;</i> ns Secured by Property. Current value of th |
| Do you ow 3. Car 3.1 | u own, lease, or have lead that someone else drives, vans, trucks, tractor No Yes Make: Model: Year: Approximate mileage Other information: | gal or equitable intereves. If you lease a vehicles, sport utility vehicles NISSAN ALTIMA 2016 38,000 an one, describe here: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |

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| 3.3. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | ims or exemptions. Pu |
|-----------------|---|---|---|---|
| | Model: | Debtor 1 only | the amount of any secured Creditors Who Have Claim | d claims on <i>Schedule E</i> as Secured by Property |
| | | Debtor 2 only | e soul and the end of the | |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the entire property? | portion you own |
| | Approximate mileage: | At least one of the debtors and another | onimo proposajo | |
| | Other information: | | \$ | \$ |
| | | Check if this is community property (see instructions) | * | · |
| 3.4. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla the amount of any secure | nims or exemptions. P |
| | Model: | Debtor 1 only | Creditors Who Have Clain | |
| | Year: | Debtor 2 only | Current value of the | Current value of |
| | | Debtor 1 and Debtor 2 only | entire property? | portion you own |
| | Approximate mileage: | At least one of the debtors and another | | |
| | Other information: | Check if this is community property (see | \$ | \$ |
| | | instructions) | | |
| Vate | ercraft, aircraft, motor homes, ATVs | and other recreational vehicles, other vehicles, and acces | ssories | |
| =xar | mpies: Boats, trailers, motors, personal | watercraft, fishing vessels, snowmobiles, motorcycle accesso | nica | |
| 」 1 | | | | |
| | | | | |
| 」 1 | | Who has an interest in the property? Check one | De vot doduct convrod old | olmo or exemptions. |
| 」 1 | | Who has an interest in the property? Check one. | Do not deduct secured clause amount of any secure | ed claims on Schedule |
|) | ⁄es | Debtor 1 only | Do not deduct secured cla the amount of any secure Creditors Who Have Clain | ed claims on Schedule |
|) | /es Make: | ☐ Debtor 1 only ☐ Debtor 2 only | the amount of any secure Creditors Who Have Clair | d claims on Schedule ms Secured by Prope |
|) | /es Make: Model: | Debtor 1 only | the amount of any secure | ed claims on Schedule ms Secured by Prope Current value o |
|) | Make: Model: Year: | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the | ed claims on Schedule ms Secured by Prope Current value o |
| → } | Make: Model: Year: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Schedule ms Secured by Prope Current value o portion you ow |
| 4.1. | Make: Model: Year: Other information: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of | d claims on Schedule ms Secured by Prope Current value o portion you own \$ |
| 4.1. | Make: Model: Year: Other information: u own or have more than one, list here | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair | d claims on Schedule ms Secured by Prope Current value o portion you own \$ |
| 4.1. | Make: Model: Year: Other information: u own or have more than one, list here | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure | d claims on Schedule ms Secured by Prope Current value o portion you own \$ aims or exemptions. I aid claims on Schedule ms Secured by Prope |
| 4.1. | Make: Model: Year: Other information: u own or have more than one, list here Make: Model: Year: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Schedule ms Secured by Prope Current value o portion you own \$ aims or exemptions. I aid claims on Schedule ims Secured by Prope Current value o |
| 4.1. | Make: Model: Year: Other information: u own or have more than one, list here Make: Model: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the | d claims on Schedule ms Secured by Prope Current value o portion you own \$ aims or exemptions. I aid claims on Schedule ms Secured by Prope |
| 4.1. | Make: Model: Year: Other information: u own or have more than one, list here Make: Model: Year: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the | d claims on Scheduk ms Secured by Prope Current value o portion you ow \$ aims or exemptions. ad claims on Scheduk ims Secured by Prope Current value o |
| 4.1. | Make: Model: Year: Other information: u own or have more than one, list here Make: Model: Year: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the | current value of claims or exemptions. declaims or exemptions. declaims on Schedulins Secured by Propertion you ow |
| 4.1. | Make: Model: Year: Other information: u own or have more than one, list here Make: Model: Year: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the | d claims on Scheduk ms Secured by Prope Current value of portion you own saims or exemptions. In the claims on Scheduk ins Secured by Prope Current value of portion you own |
| 4.1. 4.1. Add | Make: Model: Year: Other information: u own or have more than one, list here Make: Model: Year: Other information: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Scheduk ms Secured by Prope Current value of portion you own saims or exemptions. In the claims on Scheduk ins Secured by Prope Current value of portion you own |

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Case number (# known) 2/-0902 9

First Name Middle Name Last Name

| Part 3: | Describe | Your | Personal | and | Household | items |
|---------|----------|------|----------|-----|-----------|-------|

| Pa | Describe Your Personal and Household Items | |
|--|---|--|
| Do | o you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Household goods and furnishings | , |
| | Examples: Major appliances, furniture, linens, china, kitchenware | |
| | | - 01 |
| | Yes, Describe SoFA. Washer & Dryer | \$ 300 |
| 7. | Electronics | |
| | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| | □ No | 70000 |
| | Yes. Describe | \$ 300,00 |
| ì | recempnone | |
| 8. | Collectibles of value | |
| 100 mm m | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | |
| A ATT ARREST AND | Yes, Describe | \$ |
| | F! | |
| 9. | Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| A AMEL-18 | ⊠ No | \neg \nearrow |
| | Yes. Describe | \s \ <u>\</u> |
| 1(| 0. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe | - |
| 2 | | |
| 1 | 1. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe | \$ 2,50000 |
| | | |
| 1 | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| | Yes. Describe Jewelry, ring, Watch | s 300.00 |
| | $\mathcal{L}_{\mathcal{L}}}}}}}}}}$ | ! |
| 1 | 3. Non-farm animals Examples: Dogs, cats, birds, horses | |
| | ⊠ No | — |
| | Yes. Describe | \$ |
| 1 | 4. Any other personal and household items you did not already list, including any health aids you did not list | |
| | 🗵 No | _ 🔊 |
| | Yes. Give specific information | \$ |
| | | 7/ 100 |
| 1 | 5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$ 2,600. |
| | | and the second s |

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DEBRA Ann Description Page 7 of 36

Case number (if known) 2/-0902

| you own or have any | legal or equitable interest in a | any of the following? | | Current value of the portion you own? Do not deduct secured claim |
|---|--|--|--|--|
| | • | | | or exemptions. |
| | | • | | |
| Cash <i>Evamples:</i> Money you | have in your wallet, in your hon | ne, in a safe deposit box, and on h | and when you file your petition h | |
| | | · | do de de de de | 25 |
| □ No | | | 760 | 0 |
| Yes | | | Cash. | 5 |
| Deposits of money Examples: Checking, and other | savings, or other financial accou similar institutions. If you have m | unts; certificates of deposit; shares nultiple accounts with the same ins | in credit unions, brokerage houses titution, list each. | |
| ☐ No | | | | |
| ☑ Yes | | Institution name: | | |
| | | TOE BOOK | <u></u> | \$_100.00 |
| | 17.1. Checking account: | | | \$ <u></u> |
| | 17.2. Checking account: | | | p |
| | 17.3. Savings account: | | | \$ |
| | 17.4. Savings account: | | | \$ |
| | 17.5. Certificates of deposit: | · · · · · · · · · · · · · · · · · · · | <u> </u> | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | | | \$ |
| | 17.8. Other financial account: | | | \$ |
| | 17.9. Other financial account: | | | \$ |
| | | | | |
| | | | | |
| Bonds, mutual fund | s, or publicly traded stocks | | | |
| • | ls, investment accounts with bro | kerage firms, money market accou | ints | |
| ☑ No ☐ Yes | Institution or issuer name: | | | |
| — 165 | | | | ¢. |
| | | | | _ \$ |
| | | | | _ \$ |
| | | | | – |
| | | | | |
| | | | | |
| | | | | |
| | | porated and unincorporated busi | inesses, including an interest in | |
| an LLC, partnershi | o, and joint venture | orated and unincorporated busi | | |
| an LLC, partnershi | o, and joint venture Name of entity: | orated and unincorporated busi | % of ownership: | |
| an LLC, partnershi No ☐ Yes. Give specifi | o, and joint venture Name of entity: C | oorated and unincorporated busi | % of ownership: | \$ |
| an LLC, partnershi | o, and joint venture Name of entity: C t | porated and unincorporated busi | % of ownership: | \$ \$ |

Debtor 1

| Case 2 | 1-09029 ₁ Do | c 19 Filed 08/12/21 | Entered 08/12/21 14:57:36 Desc Main |
|------------|-------------------------|---------------------|---|
| DEBK | en Hon | JRA99eument | Entered 08/12/21 14:57:36 Desc Main Page 8 of 36 Case number (# Known) 21-09029 |
| Firel Name | Middle Name | Last Name | |

| | may make the second of the sec | The second section of the second section is a second section of the second section of the second section is a second section of the second section of the second section secti | |
|----|--|--|---|
| 20 | | orate bonds and other negotiable and non-negotlable instruments | |
| | Negotiable instruments i Non-negotiable instrume | nclude personal checks, cashiers' checks, promissory notes, and money orders. ents are those you cannot transfer to someone by signing or delivering them. | |
| | ⊠ No | | |
| | Yes. Give specific | Issuer name: | |
| | information about | | \$ |
| | them | | |
| | | | |
| | | | — |
| | | | |
| 21 | Retirement or pension | accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing (| alans |
| | | TA, ERISA, Reogii, 401(k), 403(b), tillit savings accounts, of other pension of profit straining (| nano |
| | No D Yes List each | | |
| | account separately. | Type of account: Institution name: | |
| | | 404/JA or a trailor plant | \$ |
| | | 401(k) or similar plan: | |
| | | Pension plan: | <u> </u> |
| | | IRA: | |
| | | Retirement account: | \$ |
| | | | \$ |
| | | Keogh: | |
| | | Additional account: | |
| | | Additional account: | |
| 22 | Examples: Agreements companies, or others | d deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications | |
| | □ No | | |
| | Yes | Institution name or individual: | 1000 |
| | | Electric: | = \$ 160.00 |
| | | Gas: | _ \$ 6000 |
| | | Heating oil: | - s oral |
| | | Security deposit on rental unit: | |
| | | Prepaid rent: | \$ /,2 6 0,00 |
| | | Telephone: Lell | _ \$ 50.00 |
| | | Water: | |
| | | Rented furniture: | * <u> </u> |
| | | Olher: | *************************************** |
| | | | — \$ <u> </u> |
| 2 | 3. Annuities (A contract fo | or a periodic payment of money to you, either for life or for a number of years) | |
| ۷. | No | | |
| | | leaves some and depositions | |
| | ☐ Yes | Issuer name and description: | . 🔊 |
| | | | * <u></u> |
| | | | |
| | | The state of the s | |

| Case 21-090 Debtor 1 Debtor 1 Debtor 1 First Name Middle | Ann Da | Filed 08/12/21 Document | Entered 08/12/21 Page 9 of 36 Case number (#. | 21-8 | sc Main 19029 |
|---|--|---|---|---|---|
| 24.Interests in an education IR/ 26 U.S.C. §§ 530(b)(1), 529A(| (b), and 529(b)(1). | d description. Separately | m, or under a qualified stat | sts.11 U.S.C. § 521(c) | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 25. Trusts, equitable or future in exercisable for your benefit No Yes. Give specific information about them | | other than anything lis | ited in line 1), and rights or | r powers | s |
| 26. Patents, copyrights, traden Examples: Internet domain not like the property of t | ames, websites, proce | eeds from royalties and li | censing agreements | ssional licenses |] \$ |
| information about them Money or property owed to yo | | - | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you X No Yes. Give specific inform about them, including your already filed the and the tax years | ng whether e returns | | | Federal: State: Local: | \$ <u> </u> |
| 29. Family support Examples: Past due or lump No Yes. Give specific inform | | al support, child support, | maintenance, divorce settler | Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$ |
| 30. Other amounts someone Examples: Unpaid wages, o Social Security I No Yes. Give specific inform | disability insurance pay benefits; unpaid loans | yments, disability benefit you made to someone e | s, sick pay, vacation pay, w | orkers' compensation, | \$ \& \ |

Doc 19 Filed 08/12/21 Entered 08/12/21 14:57:36 Page 10 of 36 Debtor 1 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance 🔼 No Yes. Name the insurance company Surrender or refund value: Beneficiary: Company name: of each policy and list its value.... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Yes. Describe each claim...... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **⊠** No Yes, Describe each claim..... 35. Any financial assets you did not already list 🔽 No Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned M No Yes, Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ✓ No ☐ Yes. Describe.....

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|---|---|
| Debtor 1 DEBRA Ann Description Page 11 of 36 Case number (if known) 21 | -09029 |
| 40.Machinery, fixtures, equipment, supplies you use in business, and tools of your trade | · |
| Ø No | |
| Yes, Describe | \$\$ |
| 41.Inventory | |
| ☐ Yes, Describe | |
| Tes, Describe | |
| 42.Interests in partnerships or joint ventures | , |
| Mo No □ Yes. Describe Name of entity: % of ownersh | nip: |
| % | \$ |
| | \$ <i>O</i> |
| <u> </u> | |
| 43. Customer lists, mailing lists, or other compilations No | |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| Yes. Describe | \$ |
| | |
| 44. Any business-related property you did not already list Any business-related property you did not already list | |
| Yes. Give specific information | s <u>*</u> |
| | \$ <u> </u> |
| | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | \$ |
| | - \$ <u>\theta\tag{\theta}\th</u> |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here | → \$ |
| 101 U. C. | /n |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Inter- If you own or have an interest in farmland, list it in Part 1. | est In. |
| | |
| 46, Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? All No. Go to Part 7. | |
| Yes. Go to line 47. | Current value of the |
| | portion you own? Do not deduct secured claims |
| 47. Farm animals | or exemptions. |
| Examples: Livestock, poultry, farm-raised fish No | |
| Yes | |
| | \$ <u> </u> |
| | |

Debtor 1 48. Crops—either growing or harvested Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade **☑** No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed M No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 Copy personal property total 62. Total personal property. Add lines 56 through 61. 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

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| Fill in this information to identify your case: | |
|---|-------------------------------------|
| Deblor 1 DEBLA Ann DRAPER First Name Middle Name Last Name | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Lest Name | |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number 21-09029 (If known) | Check if this is an amended filling |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, If you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| For any | property you list on Schedule A/B t | nat you claim as exem | pt, fill in the information below. | |
|------------------------------|---|--------------------------------------|---|------------------------------------|
| Brief o | description of the property and line on full by the description of the property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief descrip Line fro | | \$ | \$ \$ 100% of fair market value, up to any applicable statutory limit | |
| | ule A/B: | | any approach contactly mini- | |
| Brief descri | ption: | \$ | \$ 100% of fair market value, up to | |
| Line fr Sched | om lule A/B: | | any applicable statutory limit | |
| Brief descri | ption: | \$ | . 📮 \$ | |
| Line fr | • | | 100% of fair market value, up to any applicable statutory limit | |

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| on Schedule A/B th | f the property and line nat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemp |
|--|--|--------------------------------------|--|--------------------------------|
| | • • | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: — | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ | □ \$ | |
| Line from Schedule A/B: — | _ | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief | | \$ | \$ | |
| description: — Line from Schedule A/B: — | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | · | \$ | \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | | . \$ | | |
| Line from Schedule A/B: — | . | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | . \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | . \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ | _ 🗓 \$ | |
| Line from Schedule A/B: — | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ | _ 🗖 \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | _ \$ | <u> </u> | |
| Line fromSchedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | <u> </u> | _ \$ | _ 📮 \$ | |
| Line from | | | 100% of fair market value, up to any applicable statutory limit | |

☐ 100% of fair market value, up to

any applicable statutory limit

description:

Schedule A/B:

Line from

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| | Document Page 13 01 30 | | | |
|--|--|------------------------------|--------------------------|--|
| Fill in this information to identify your case | : | | | |
| DEBOA HON | DRADER | | | |
| Debtor 1 First Name Middle Nam | me Last Newfe | | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name | me Last Name | | | |
| United States Bankruptcy Court for the: Northern D | District of Illinois | | | |
| Case number 21-09029 |) | | ☐ Check if | this is an |
| (If known) | | | amende | |
| | | | | |
| Official Form 106D | | | | |
| Schedule D: Creditors | s Who Have Claims Secui | red by Prope | erty | 12/15 |
| | If the married people are filing together, both are | equally responsible for | supplying correct | |
| information. If more space is needed, copy additional pages, write your name and cas | , the Additional Page, fill it out, fluttiber the entires | s, and attach it to this fo | rm. On the top of | any |
| · | | | | |
| Do any creditors have claims secured by Obselviting have and submit this form | y your property? n to the court with your other schedules. You have no | thing else to report on this | s form. | |
| Yes, Fill in all of the information below. | It to the court with your other sorted lost. For have no | | | |
| | | | | |
| Part 1: List All Secured Claims | | 0.4 | Column B | Column C |
| 2 Liet all secured claims. If a creditor has m | nore than one secured claim, list the creditor separate | y Amount of claim | Value of collateral | Unsecured |
| for each claim. If more than one creditor h | as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name. | Do not deduct the | that supports this claim | portion If any |
| As much as possible, list the claims in alph | | Value of collateral. | | |
| 2.1 DEBRA FAN | Describe the property that secures the claim: | <u> </u> | \$ | \$ |
| Creditor's Name | | | | |
| Number Street | - | } | | |
| | As of the date you file, the claim is: Check all that ap | ply. | | |
| | Contingent Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debter 1 only | An agreement you made (such as mortgage or secure | ed | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the deblors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | to the terror and accompany | | | |
| Date debt was incurred | Last 4 digits of account number | \$ | \$ | \$ |
| Creditor's Name | Describe the property that secures the claim. | | | - · |
| Greditor & France | _ | | | |
| Number Street | As of the date you file, the claim is: Check all that ap | l polv. | | |
| | Confingent | | | |
| | Unllquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of Ilen. Check all that apply. An agreement you made (such as mortgage or secure) | red | | |
| Debtor 1 only Debtor 2 only | car loan) | ou | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as lax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | |
| ☐ Check if this claim relates to a | | <u> </u> | | |
| community debt Date debt was incurred | Last 4 digits of account number | | | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| | Column A on this page. Write that number here: | \$ | | |
| | | | | |

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Case number (# known) 21-09029

Case number (# known) 21-09029

| Additional Page Part 1: After listing any entries on this p by 2.4, and so forth. | age, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|---|---|-----------------------------------|
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | 1 | | |
| | | | | |
| Number Street | |] | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☑ Contingent | | | |
| City State ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | _ | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| The state of the s | Describe the property that secures the claim: | \$ | _ \$ | \$ |
| Creditor's Name | | ¬— | | |
| | | | | |
| Number Street | | _i | | |
| | As of the date you file, the claim is: Check all that apply | • | | |
| | Contingent | | | |
| 01 to 7/D Code | Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| 🔼 Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment llen from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | _ | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | \$ | _\$ |
| Creditor's Name | | | | |
| | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply | ⁻ | | |
| | Contingent | ,, | | |
| City State ZIP Code | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of Ilen. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| | Other (Including a right to offset) | | | |
| ☐ Check if this claim relates to a community debt | | | | |
| Date debt was Incurred | Last 4 digits of account number | | 1 | |
| • | es in Column A on this page. Write that number here | »: _{\$} | | |
| If this is the last page of your form | n, add the dollar value totals from all pages. | \$ | | |

Entered 08/12/21 14:57:36 Case 21-09029 Doc 19 Filed 08/12/21 Page 17 of 36 21-09029 Debtor 1 List Others to Be Notified for a Debt That You Already Listed Part 2: Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. ROSS Blue Shelld of Munos On which line In Part 1 did you enter the creditor? Last 4 digits of account number 4720On which line in Part 1 did you enter the creditor? Last 4 digits of account number 3600 On which line in Part 1 did you enter the creditor? Last 4 digits of account number 6 2 77 On which line in Part 1 did you enter the creditor? Last 4 digits of account number 8245On which line in Part 1 dld you enter the creditor? Last 4 digits of account number 2447On which line in Part 1 did you enter the creditor? Last 4 digits of account number 1/2 208

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Debtor 1 DEBRA Han DRAPER

Case number (if known) 21-09029

Last Name

| gency is tryir | | for a debt you owe to: any of the debts that | someone else, list the cr vou listed in Part 1, list t | ebt that you already listed in Part 1. For example, if a collection editor in Part 1, and then list the collection agency here. Similarly, he additional creditors here. If you do not have additional persons |
|--|---|--|---|--|
| BLU Name Number | D. BOX | * | sheild_ | On which line in Part 1 did you enter the creditor? Last 4 digits of account number OVL_{i} |
| City | 10090 | / <u>L</u> State | 60688 ZIP Code | with _Doubleholysparkers make a coast nighthefeller for weast coast black to the coast of the co |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | Street | | | Last 4 digits of account number |
| Cily | | State | ZIP Code | νω., « |
| *************************************** | | MAN PROPERTY OF THE PROPERTY O | nte cresidad de entito pela environa con como a definicado e X e por el estron a con cresidad de environde de de | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Name | | | | <u> </u> |
| Number | Street | | | |
| City | | State | ZIP Code | • |
| 20.000 School Sc | CONTRACTOR OF THE PROPERTY OF | (84/70-) (878-200-) (1976-) (1976-) (1976-) (1976-) (1976-) (1976-) (1976-) (1976-) (1976-) (1976-) (1976-) (1 | TELEMENT OF THE CONTROL OF T | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| City | | State | ZIP Code | SONO - SONO BE A LEGISLO CONTROL SE A MEDICAL CONTROL SE A MEDICA CONTROL SE A MEDICAL CONTRO |
| | y namatana kata ing manakan kata ing kata na kata na manakan na kata na kata na kata na kata na kata na kata n | and the second s | | On which line in Part 1 did you enter the creditor? |
| Name | <u> </u> | | | Last 4 digits of account number |
| Number | Street | | | |
| | | | | |
| City | | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| | <u> </u> | | | |

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| I | Fill in this information to identify your case: | |
|---|---|--------------------------------------|
| ľ | Debtor 1 Debe Ann DRAPER First Name Middle Name Last Name | |
| | Debtor 2 (Spouse, if filling) First Name Middle Name Last Name | |
| | United States Bankruptcy Court for the: Northern District of Illinois Case number 2/-09029 (If known) | ☐ Check if this is an amended filing |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Part 1: List All of Your PRIORITY Unsecured | d Claims | |
|--|--|--|
| Do any creditors have priority unsecured claims No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creeach claim listed, identify what type of claim it is. If a | against you? aditor has more than one priority unsecured claim, list to a claim has both priority and nonpriority amounts, list to laims in alphabetical order according to the creditor's report 1. If more than one creditor holds a particular claim | name. If you have more than two priority |
| 2.1 First Bon K Priority Creditor's Name 1.0 BOX 2340 Number Street | Last 4 digits of account number 92/8_ When was the debt incurred: 2015 | \$\$\$ |
| OMO ha, Ne 08/03 City State ZIP Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | nt |
| 2.2 Priority Creditor's Name | Last 4 digits of account number | \$\$\$ |
| Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | As of the date you file, the claim is: Check all that ap Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No | □ Taxes and certain other debts you owe the governme □ Claims for death or personal injury while you were intoxicated □ Other. Specify | |
| ☐ Yes | | |

| Debto | Case 21-09029 Doc 19 Filed 08/12/2 | 21 Entered 08/12/21 14:57:36 Desc Mai Page 20 of 36 umber (//known) 2/ 7/0 | n 29 |
|-------|---|--|------------|
| Par | t 2: List All of Your NONPRIORITY Unsecured Claims | | |
| ı | Do any creditors have nonpriority unsecured claims against you? ☑ No. You have nothing to report in this part. Submit this form to the c ☐ Yes | | e than one |
| l | list all of your nonpriority unsecured claims in the alphabetical or nonpriority unsecured claim, list the creditor separately for each claim. ncluded in Part 1. If more than one creditor holds a particular claim, lis claims fill out the Continuation Page of Part 2. | t the other creditors in Part 3.If you have more than three nonpric | |
| 4.1 | Capital ONE | Last 4 digits of account number 8944 | 7,689 |
| | P.O. BOX 6492 | When was the debt Incurred? 2013 | |
| | Caro Street Caro Street ZUP Code | As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | LULUS |
| - | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce | |
| | ☐ Check If this claim is for a community debt | that you did not report as priority claims | |
| | Is the claim subject to offset? | ☐ Debts to pension or profil-sharing plans, and other similar debts ☐ Other. Specify | |
| | ☐ Yes | | · |
| 4.2 | Carsar Rewards | Last 4 digits of account number 97794 | 2504,94 |
| | Nonpriority Creditor's Name | When was the debt Incurred? 2017 | |
| | Number Street | and the state of t | |
| | San AntoNio, TX 18265 | As of the date you file, the claim is: Check all that apply. | |
| | City State 21F Code Who incurred the debt? Check one. | Contingent Unliquidated | |
| - | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Student loans | ! |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No No | ☐ Other, Specify <u>Cred</u> / + CQRO | |
| - | Yes | Last 4 digits of account number 9380 | 1091151 |
| 4.3 | Sam Club MC/SPNCB Nonprjority Creditor's Name | Last 4 digits of account number 9330 \$ When was the debt incurred? $20/9$ | 1274.56 |
| | P.O. BOX 960013 | When was the dept inclined in | |
| | Orlando FL: 32896 | - As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
| | Debtor 1 only Debtor 2 only | ☐ Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce | |
| | ☐ Check if this claim is for a community debt | that you did not report as priority claims | • |
| | is the claim subject to offset? | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify <u>COC(+CQRC</u> | |
| | ☐ Yes | , ,,,, | |

| Dobtor | 4 |
|--------|---|

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| Part 2: Your NONPRIORITY Unsecured Claims — Continuat | ion Page | |
|--|--|-----------------|
| After listing any entries on this page, number them beginning with 4.4 | 4, followed by 4.5, and so forth. | Total claim |
| Nonpriority Cheditor's Name P. OBOX 6103 Number Street Stream TLL 60197 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this claim is for a community debt Is the claim subject to offset? | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | \$ 4503,00 |
| Nonpriority Creditor's Name Number Street Stream TL 6019 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number | \$3041.98 |
| TCF First Bank Card Nonpriority Creditor's Name PO. BOX 2557 Number Street Omaha Ne State ZIP Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this claim is for a community debt Is the claim subject to offset? | Last 4 digits of account number 3 8 2 6 When was the debt Incurred? 20/4 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | 43 /7.00 |

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Debtor 1 First Name Middle Name Lest Name Page 22 of 36

Lest Name Lest Name Page 22 of 36

Lest Name Lest Name Page 22 of 36

Lest Name Page 22 of

| List Others to Bo | Notified About a | a Debt That | You Alread | y Listed |
|-----------------------|--------------------|-------------|------------|----------|
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| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim Part 2: Creditors with Nonpriority Unsecured C |
| Number Street | | Part 2: Creditors with Nonphority Offsecured C |
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| News | | On which entry in Part 1 or Part 2 did you list the original creditor? |
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| | | On which entry in Part 1 or Part 2 did you list the original creditor? |
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| Par | 7 | ı |
|-----|---|---|
| | - | |

Add the Amounts for Each Type of Unsecured Claim

| 6. Total the a Add the ar | mounts of certain types of unsecured claims. This informa nounts for each type of unsecured claim. | tion is for statistical reporting purposes only. 28 U.S.C. § 159. |
|------------------------------|---|---|
| | | Total claim |
| Total claims | 6a. Domestic support obligations | 6a. <u>\$</u> |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. _{\$} |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. _{\$} |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$</u> |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$ |
| | | Total claim |
| Total claims | 6f. Student loans | 6f. |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. _{\$} |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + <u>\$</u> |
| | 6i Total Add lines 6f through 6i. | 6j. |

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| | | | | Boodment | i age z | _ | |
|---------------|------------------------|--|--|--|--|--|--|
| Fill i | n this info | ormation to ide | entify your case: | | | | |
| Debt | or 1 | EBRA First Name | Hn V | BAL B Last Nagric | ER | | |
| Debl (Spor | or 2 ise If filing) | First Name | Middle Nam | e Last Name | | | |
| Unite | ed States B | ankruptcy Court f | or the: Northern Di | strict of Illinois | | | |
| | own) own) | 21-0 | 9029 | | | | Check if this is an amended filing |
| | | | | | | | |
| Off | icial F | orm 106 | G | | | | |
| Sc | hedu | ile G: E | xecutory | Contracts | and Ur | nexpired Leases | 12/15 |
| Be as | complet | e and accurate | e as possible. If t | wo married neonle are f | iling togethe | r, both are equally responsible for supp the entries, and attach It to this page. O | lying correct n the top of any |
| 2. | Ma, No. Cl □ Yes. F | heck this box a Fill in all of the in rately each per rent, vehicle l | nd file this form wi | even if the contracts or lea | ases are listed ne contract o | You have nothing else to report on this form on Schedule A/B: Property (Official Form rease. Then state what each contract on e instruction booklet for more examples of | 106A/B). r lease is for (for |
| | Person o | r company wit | h whom you hav | e the contract or lease | | State what the contract or lease is fo |) ; |
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Debtor 1

DEBLA AUN DRAPER
First Name Middle Name Last Name

Case number (ii known) 21-09029

Additional Page if You Have More Contracts or Leases

| Person or company with whom you have the contract or lease | What the contract or lea | ise is fo | Þ٢ |
|--|--------------------------|-----------|----|
| Person or company with whom you have the contract of lease | | | |

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| Fill in this information to ident | ify your case: | |
|--|--------------------------|----------------------|
| Deblor 1 JEBRA | Middle Name | DRAPER Last Varne |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name |
| United States Bankruptcy Court for t Case number 2/-06 (If known) | he: Northern District of | f Illinois |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct Information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| se namber (ii known). Answ | | | |
|---|--|---|--|
| . Do you have any codebtor | rs? (If you are filing a joint case, do not | list either spouse a | as a codebtor.) |
| ☐ Yes | | | |
| . Within the last 8 years, ha Arizona, California, Idaho, I | ove you lived in a community propert Louisiana, Nevada, New Mexico, Puerto | y <mark>state or territory</mark> Rico, Texas, Was | y? (Community property states and territories include shington, and Wisconsin.) |
| No. Go to line 3. | | | |
| | ormer spouse, or legal equivalent live v | ith you at the time | ? |
| □ No | | | |
| | nunity state or territory did you live? | | _, Fill in the name and current address of that person. |
| | | | |
| | - I al antendad | | _ |
| Name of your spouse, to | rmer spouse, or legal equivalent | | |
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| City | State | ZIP Code | _ |
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Debtor 1

DEBRA Ann DRAPER
First Name Middle Name Last Name

Cace number ((Conour)

21-09029

| Column 1: Your codebtor | | • | Column 2: The creditor to whom you owe the del |
|-------------------------|---------|-------------|--|
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| Fill in this information to identify y | our case: | | | |
|---|--|-----------------------|---|---|
| 7-20 | 1. | 10 = 0 | | |
| Deblor 1 JEBRA | HIN DR | MAST Name | | |
| Debtor 2 (Spouse, if filling) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: N | Jorthern District of Illinois | | | |
| Case number 21 - 090 | | | Check if this | i.e. |
| Case number (If known) | ~ | | | |
| | | | An amen | ment showing postpetition chapter 13 |
| | | | | is of the following date: |
| Official Form 106I | | | MM / DD / | YYYY |
| Schedule I: You | r Income | | | 12/15 |
| Be as complete and accurate as po | ssible. If two married pe | ople are filing toge | ther (Debtor 1 and Debtor 2 | 2), both are equally responsible for |
| supplying correct information, if vo | u are married and not fil | ling jointly, and you | ur spouse is living with you | i, include information about your spouse. |
| If you are separated and your spou separate sheet to this form. On the | se is not tiling with you, top of any additional pa | ges, write your nan | ormation about your spous ne and case number (if kno | e. If more space is needed, attach a own). Answer every question. |
| | | - | | |
| Part 1: Describe Employme | ent | | | |
| | <u> </u> | | | |
| Fill in your employment information. | | Debtor 1 | | Debtor 2 or non-filing spouse |
| | | | | |
| If you have more than one job, attach a separate page with | | ⊠ Employed | | □ Complement |
| information about additional | Employment status | Not employed | ad | ☐ Employed ☐ Not employed |
| employers. | | , · · | | . , |
| Include part-time, seasonal, or self-employed work. | | Misto | dianl | |
| Occupation may include student | Occupation | <u>CWS10</u> | <u> </u> | |
| or homemaker, if it applies. | | Ohisan | Dublia School | |
| | Employer's name | Cincago | diAN Public School Madison ST | |
| | Employer's address | H2 W/ | Madison ST | |
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| | | Chicago | 711 · 60602 State ZIP Code | City State ZIP Code |
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| | How long employed the | еге? <u>////////</u> | 5 | |
| <u> </u> | | J | | |
| Part 2: Give Details About | Monthly Income | | | |
| Estimate monthly income as of spouse unless you are separated | | m. If you have nothi | ing to report for any line, write | e \$0 in the space. Include your non-filing |
| If you or your non-filing spouse ha | | er, combine the info | rmation for all employers for | that person on the lines |
| below. If you need more space, a | ttach a separate sheet to | lhis form. | | |
| | | | For Debtor 1 | For Debtor 2 or non-fillng spouse |
| List monthly gross wages, sal deductions). If not paid monthly, | | | 2. \$ 3,2,49.84 | ************************************** |
| 3. Estimate and list monthly over | rtime pay. | | 3. +\$ | + \$ |
| | | | 201001 | |
| 4. Calculate gross income. Add li | ne 2 + line 3. | | 4. \$3249.84 | \$ |
| | | | | <u> </u> |

Debtor 1

| DEB | RA | Ann | ÷) | DRA DRA | ent <i>PET</i> | F P |
|------------|-----------|-----|-----------|------------|-------------------|--------|
| First Name | Middle Na | ame | Last Name | - 1 | • | ~ |

Case number (if known) 21-09029

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | | |
|--|---|-------------------------|-----------------------------------|--|--|
| Copy line 4 here | → 4. | \$ | \$ | | |
| 5. List all payroll deductions: | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | s 492,06. | \$ | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ 68,24 | \$ | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ 50.00 | \$ \$ | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ -07 | \$ | | |
| 5e. Insurance | 5e. | \$ 00 | \$ | | |
| 5f. Domestic support obligations | 5f. | \$ 39.17 | \$ | | |
| 5g. Union dues | 5g. | \$ 7834 | \$ | | |
| 5h. Other deductions. Specify: | 5h. | +\$ 60.42 | + \$ | | |
| | | 11L9 hl | • | | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ 177.06 | \$ | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | <u>\$ 25 00.78</u> | \$ | | |
| 8. List all other income regularly received: | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | \$ | | |
| 8b. Interest and dividends | 8b. | \$ <u> </u> | \$ | | |
| 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive | ent | 0, 1, 2 | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ 964.00 | \$ | | |
| 8d. Unemployment compensation | 8d. | \$ | \$ | | |
| 8e. Social Security | 8e. | \$ <u>\Q</u> | \$ | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ 964,0° | \$ | | |
| 8g. Pension or retirement income | 8g. | s & | \$ | | |
| 8h. Other monthly income. Specify: | 8h. | +s & | +\$ | | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$964,00 | \$ | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. | \$34,64.78+ | \$ = \$ | | |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | | | | |
| Do not include any amounts already included in lines 2-10 or amounts that are | not av | ailable to pay expense: | s listed in <i>Schedule J.</i> | | |
| Specify: | | · | . 11. + \$ | | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined | | | | | |
| 13. Do you expect an increase or decrease within the year after you file this f | 13. Do you expect an increase or decrease within the year after you file this form? No | | | | |
| Yes. Explain: | | | | | |

| Debtor 1 Debtor 2 (Spouse, If filling) Case number (If known) Destrict of | | ded filing ment showing postp s as of the following | date: |
|---|--|--|--|
| Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling information. If more space is needed, attach another sheet to this form. (if known). Answer every question. | ng together, both are equally res . On the top of any additional pa | sponsible for supplyl iges, write your name | ng correct e and case number |
| Part 1: Describe Your Household | | | |
| 1. Is this a Joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Se | eparate Household of Debtor 2. | | |
| 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. No Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | | No |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | | APPENDENT OF THE STATE OF THE S | AT RESIDENCE OF THE STATE OF TH |
| Part 2: Estimate Your Ongoing Monthly Expenses | | | |
| Estimate your expenses as of your bankruptcy filling date unless you a expenses as of a date after the bankruptcy is filled. If this is a supplement applicable date. Include expenses paid for with non-cash government assistance if you such assistance and have included it on Schedule I: Your Income (Office). 4. The rental or home ownership expenses for your residence. Include any rent for the ground or lot. | ental <i>Schedule J</i> , check the box a know the value of Iclal Form 106I.) | | n and fill in the |
| If not Included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses | | 4a. \$ | 9 ,00 2 |
| 4d. Homeowner's association or condominium dues | and the second s | 4d. \$@ | <u> </u> |

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Debtor 1 DEBRA Ann DRAPER
First Name Middle Name Last Name

Case number (# known) 21-09029*

| | | | Your expenses |
|-----|---|-----------------|---|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5 . | \$ 10 |
| | | | |
| 6. | Utilities: | 0- | \$ 20000 |
| : | 6a. Electricity, heat, natural gas | 6a. | |
| | 6b. Water, sewer, garbage collection | 6b. | 5/100 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ |
| | 6d. Other. Specify: | 6 d. | 20000 |
| 7. | Food and housekeeping supplies | 7. | \$ 000 00 00 00 00 00 00 00 00 00 00 00 0 |
| 8. | Childcare and children's education costs | 8. | \$ 4.60. |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ |
| 10, | Personal care products and services | 10. | \$ 18000 |
| 11. | Medical and dental expenses | 11. | s 250°° |
| 12. | Transportation . Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ <u> </u> |
| 14. | Charitable contributions and religious donations | 14. | \$ |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | , de |
| 1 | 15a. Life insurance | 15a. | s 123 |
| | 15b. Health insurance | 15b. | s 38,00 |
| | 15c. Vehicle insurance | 15c. | s /67,00 |
| | 15d. Other insurance. Specify: | 15d. | \$ |
| : | | | · |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | | • |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ <u> </u> |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ <u> </u> |
| | 17c. Other. Specify: | 17c. | \$ |
| į | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18, | . & |
| | | | Ψ |
| 19. | Other payments you make to support others who do not live with you. | | . X) |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | 1e. | ^~ |
| 1 | 20a. Mortgages on other property | 20a. | \$ |
| | 20b. Real estate taxes | 20b. | \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| ; | 20e Homeowner's association or condominium dues | 20e | s 🔊 |

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|-------------------------------|--|----------------|---|
| Debtor 1 | DEBRA Ann DRAPER Case number (if Ann | own <u>)</u> 2 | 1-09029 |
| | | 04 | |
| 21. Other. S | pecify: | 21. | +\$ |
| 22. Calcula | e your monthly expenses. | | |
| 22a. Ad | l lines 4 through 21. | 22a. | \$ |
| 22b. Co | by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ |
| 22c. Ad | l line 22a and 22b. The result is your monthly expenses. | 22c. | \$ |
| 23a. Co 23b. Co 23c. St | py line 12 (your combined monthly income) from Schedule I. py your monthly expenses from line 22c above. btract your monthly expenses from your monthly income. e result is your monthly net income. | 23a | \$ 3,640.00 \$ 3,120,00 \$ 520.00 |
| For exar mortgag | expect an increase or decrease in your expenses within the year after you file this form? The ple, do you expect to finish paying for your car loan within the year or do you expect your expanded payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| ✓ 🔼 No. ☐ Yes. | | | |
| ☐ Yes. | Explain here: | | |
| | | | |
| | | | |
| | | | |

| Fill in this information to identify | your case: | | | |
|---|--|---|------------------------|--|
| DEADA | Hun DOA | DER | | |
| Debtor 1 First Name | Middle Name Last Name | Check if this | s is: | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name Last Name | An amen | nded filing | |
| United States Bankruptcy Court for the: | Northern District of Illinois | | ment showing postp | |
| 21-19 | 029 | <u></u> | s as of the following | uate: |
| Case number (If known) | | MM / DD / | / YYYY | |
| Official Form 106J-2 | _ | | | |
| Schedule J-2: E | Expenses for Sepa | rate Household | of Debtor 2 | 12/15 |
| Debtor 2 have one or more dependently with respect to expenses for | ate household expenses ONLY IF Deduction of the dependent | ts on both Schedule J and this for chedule J. Be as complete and a | orm. Answer the que | estlons on this form If more space is |
| Part 1: Describe Your Ho | usehold | | ····· | |
| 1. Do you and Debtor 1 maintain s | eparate households? | | | |
| No. Do not complete this for Yes | orm. | | | |
| 2. Do you have dependents? | ⊠ No | Dependent's relationship to | Dependent's | Does dependent live |
| Do not list Debtor 1 but list all other dependents of Debtor 2 | Yes. Fill out this information for each dependent | Debtor 2: | age | with you? |
| regardless of whether listed as a dependent of Debtor 1 on | each dependent | ··· | | 1 ⊠ No □ Yes |
| Schedule J. | | | | ∑ 195 ∑ No |
| Do not state the dependents' names. | | | | Yes |
| namou | | | | ⊠ No |
| | | | | . ☐ Yes |
| | | | | ∭ No ☐ Yes |
| | | | | · 🕳 |
| | | | · <u></u> | MA No ☐ Yes |
| Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1? | ⊠ No □ Yes | | | annold kan a sank a finish band of Figure Section Resident and the section of the |
| Part 2: Estimate Your Ongo | oing Monthly Expenses | | | |
| Estimate your expenses as of you | ır bankruptcy filing date unless you | are using this form as a supplem | nent in a Chapter 13 o | ase to report |
| expenses as of a date after the ba | | | | |
| Include expenses paid for with no | on-cash government assistance if yo | u know the value of | | |
| : | ed it on Schedule I: Your Income (Of | | Your expe | nses |
| The rental or home ownership any rent for the ground or lot. | expenses for your residence. Includ | e first mortgage payments and | 4. \$ | > |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a. \$ 🗡 | - |
| 4b. Properly, homeowner's, or | renter's insurance | | 4b. \$ <u>38</u> | 00 |
| 4c. Home maintenance, repair | | | 4c. \$ <u></u> | <u> </u> |
| 4d, Homeowner's association | | 4d. \$ | → | |

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Debtor 1 × De

DEBRA Am DRAPER
First Name Middle Name Last Name

Case number (# known) 21-09029

| | | | Your expenses |
|----------|---|------|--------------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ <u>78</u> - |
| | | | |
| 6. | Utilities: 6a. Electricity, heat, natural gas | 6a. | \$ 210,00 |
| | 6b. Water, sewer, garbage collection | 6b. | s –0 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ 215,00 |
| | 6d. Other. Specify: | 6d. | \$ 8 |
| 7. | Food and housekeeping supplies | 7. | \$ 150,00 |
| 8. | | 8. | \$ & |
| | Clothing, laundry, and dry cleaning | 9, | \$ 150,00 |
| 10. | | 10. | \$ 100.00 |
| 11. | Medical and dental expenses | 11. | \$ 200,00 |
| :12. | Transportation. Include gas, maintenance, bus or train fare. | | s 200.00 |
| | Do not include car payments. | 12. | 160 00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ / <u>0</u> 0,00 |
| 14. | Charitable contributions and religious donations | 14. | \$ |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$ |
| | 15b. Health insurance | 15b. | \$ 8 |
| | 15c. Vehicle insurance | 15c. | \$ 167,00 |
| | 15d. Other insurance. Specify: | 15d. | \$ O |
| : 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | | 1100 00 |
| | 17a. Car payments for Vehicle 1 | 17a. | s 428.92 |
| : | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| : | 17c. Other. Specify: | 17c. | \$ |
| : | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ |
| 19. | Other payments you make to support others who do not live with you. | | -6 |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | ne. | |
| | 20a. Mortgages on other property | 20a. | \$ |
| : | 20b. Real estate taxes / | 20b. | \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ <u>\$</u> |

| Del | btor 1 | Document Page 35 of 36 DEBLA Ann DARPEL Case number (If known) 21-09029 Case number (If known) 21-09029 |
|-----|-------------|--|
| 21. | Other. Sp | ecify: |
| 22. | The result | is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the nses for Debtor 1 and Debtor 2. |
| 23. | Line not us | ed on this form. |
| | | |
| 24. | Do you ex | pect an increase or decrease in your expenses within the year after you file this form? |
| | mortgage p | ele, do you expect to finish paying for your car loan within the year or do you expect your payment to increase or decrease because of a modification to the terms of your mortgage? |
| | No. | |
| | ☐ Yes. | Explain here: |

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| Fill in this information to ider | ntify your case: | |
|---|---------------------------|---------------------|
| Debtor 1 DEBRA First Name | Ann Mkidie Name | DRADER Last Jame |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Lasi Name |
| United States Bankruptcy Court for Case number 2/-0 | the: Northern District of | Minois |

UNITED STATES BANKRUPTCY COURT
MORTHERN DISTRICT OF ILLINOIS

AUG 1 2 2021

JEFFREY P. ALLSTEADT, CLERKCheck if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|--|
| Did you pay or agree to pay someone who is NOT a | n attorney to help you fill out bankruptcy forms? |
| ∑ No | |
| Yes. Name of person | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| Under penalty of perjury, I declare that I have read t that they are true and correct. | the summary and schedules filed with this declaration and |
| * Slehra Drager | * |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 8 7 2021 | Date MM / DD / YYYY |